MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08038

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 PHEBUS AVE. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
STREET ADDRESS (If rural, give location) 207 PHEBUS AVE

3. NAME OF DECEASED (Type or Print) (First) BETHEL (Middle) IRENE (Last) ANDERSON
4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) SINGLE
8. DATE OF BIRTH JULY 3, 1953
9. AGE last birthday 0 yrs. If under 1 year: Months 11 Days 14 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ARTHUR EUGENE HICKS
14. MOTHER'S MAIDEN NAME CHARLOTTE ISABELLE ANDERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS CHARLOTTE ANDERSON, 207 PHEBUS AVE., FRED.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0

Immediate cause (a) ASPHYXIA — MINS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) 207 PHEBUS AVE (COUNTY) FREDERICK (STATE) MD.
TIME OF INJURY (Month) 8 (Day) 16 (Year) 53 (Hour) 10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? AIRWAY OBSTRUCTED BY OLDER, SLEEPING, CHILD

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Irene, M.D., 620 Lee Place, Frederick Md. 8-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 19-53
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) Frederick (State) Md.
DATE REC'D BY LOCAL REG. 19 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Chas. E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-4-15A

2073244374

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08039

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) 58 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) North College Parkway

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) H (Last) APPLE

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Dec. 20, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio 32
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Harner
14. MOTHER'S MAIDEN NAME: Mary Emily Collins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Russell McCain, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Acute Coronary Thrombosis. 1 day
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c) Arteriosclerotic Heart Disease 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Hypertrophic Arthritis. 8 years

19a. DATE OF OPERATION: None 0
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Aug 9, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. A. Pearre M.D. ADDRESS Frederick, Md. DATE SIGNED 8/11/53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF August 12, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 11 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 12 1953
BUREAU V. S.

08040

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Near Braddock Hts. X
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rte #5 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Near Braddock Hts. X
STREET ADDRESS (If rural, give location) Rte #5

3. NAME OF DECEASED (Type or Print) (First) Jane (Middle) Ellen (Last) Baugher
4. DATE OF DEATH (Month) August (Day) 26, (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH July 20, 1953
9. AGE last birthday 0 yrs. If under 1 year Months 1 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Elexis Baugher
14. MOTHER'S MAIDEN NAME Virginia Ellen Hurl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother: Rte 5, Frederick

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
9240 Immediate cause	(a) Suffocation	Mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	Days
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Near Braddock Hts., (COUNTY) Frederick, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-26-53 Ca. 4:00 am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped from mattress and rolled on face

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Furie (Degree or title) ,M. D., ADDRESS 620 Lee Place, Frederick, Md. DATE SIGNED 8-26-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 28, 1953
NAME OF CEMETERY OR CREMATORY Ch. of B. Cemetery
LOCATION (City, town, or county) Harmony (State) Md.
DATE REC'D BY LOCAL REG. Aug 28-1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

2073212403

RECEIVED
SEP 1 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR CREAGERSTOWN
LENGTH OF STAY (In this place) X Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROCKY RIDGE X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR CREAGERSTOWN X
STREET ADDRESS (If rural, give location) ROCKY RIDGE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GARY	EDWARD	BLUMENAUER	AUGUST 29, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	SINGLE	9-23-1950	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MD	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD K BLUMENAUER JR.	BETTY ANN FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	[illegible]	BETTY ANN BLUMENAUER, ROCKY RIDGE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DROWNING	MINS.
929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	FARM	ROCKY RIDGE,	FREDERICK,	MD.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
AUG. 29, 1953 6:45 p.m.		FELL INTO FARM POND

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Imire	M.D.	620 Lee Place, Frederick, Md.	8-31-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	9-1-1953	MT. TABOR CEM.	ROCKY RIDGE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 31, 1953	Blanche S. Eyler	M. L. Creager Son	Thurmont Md

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118042

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK 11 | LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOUROVIA X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) H (Last) BOYER

4. DATE OF DEATH: (Month) AUG (Day) 2 (Year) 1953

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): WIDOWED | 8. DATE OF BIRTH: JUNE 19 - 1865 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months 1 Days 13 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) HOUSEWORK | 10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB KELLER | 14. MOTHER'S MAIDEN NAME: ANNA WATKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Lloyd Boyer New Market Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Arteriosclerotic Cardio-Vasc. Disease — several years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1953, to 8/3, 1953, that I last saw the deceased alive on 8/2, 1953 and that death occurred at 12:05 AM, from the causes and on the date stated above.

SIGNATURE C. A. Statham (Degree or title) M. D. ADDRESS 630 Frail Ave. Fred. Md DATE SIGNED 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF A06 4 - 1953 | NAME OF CEMETERY OR CREMATORY CENTRAL CEMETERY | LOCATION (City, town, or county) NEWLONDON (State) MD

DATE REC'D BY LOCAL REGISTRAR Aug 3-53 | REGISTRAR'S SIGNATURE Elizabeth G Hoke | 24. FUNERAL DIRECTOR W. E. Falconer | ADDRESS New Market Md

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) 2hrs. 43m.n.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 204 East Sixth Street

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) Brightwell

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Newborn
8. DATE OF BIRTH: August 20 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 43

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Howard Brightwell
14. MOTHER'S MAIDEN NAME: Hilda Virginia Kemp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Patient's Chart - June E. Geiser R.N. Frederick Memorial Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Prematurity — Interval Between Onset and Death 2 h

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cause not known. 43 Min

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1953 to 8/21, 1953 that I last saw the deceased alive on 8-20, 1953 and that death occurred at 8/21/53 @ 1:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) A Fleischer ADDRESS Frederick Md DATE SIGNED

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF August 21, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 21 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

1083314241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BC Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Aug 3 / to Aug 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Baltimore
STREET ADDRESS (If rural give location) 1822 East 28th Street

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) (Last) Brockman
4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House-work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John W. Brockman
14. MOTHER'S MAIDEN NAME: Elizabeth Ullrich

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Peritonitis - acute — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Strangulated Inguinal Hernia c̄
DUE TO (c) Intestinal Obstruction — 24 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 3-1953
19b. MAJOR FINDINGS OF OPERATION: Hernia c̄ Strangulated Omentum & Large bowel
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1953 to Aug 8, 1953, that I last saw the deceased alive on Aug. 8, 1953, and that death occurred at 3 30 PM, from the causes and on the date stated above.
SIGNATURE Frank Deborthington (Degree or title) M. D. ADDRESS Frederick Md. DATE SIGNED Aug. 8-1953

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL (Specify) Removal
DATE THEREOF August 9, 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 9 Aug 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. Sanders & Sons, Baltimore, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Trail Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 612 Trail Avenue

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) NAOMI (Last) BUSSARD
4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: Marck 22,1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J. Norris
14. MOTHER'S MAIDEN NAME: Mary M. Albaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John. E. Bussard, 612 Trail Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma of Liver + Exhaustion — Interval Between Onset And Death: 3 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Lung. — 6 month

DUE TO

(c) Carcinoma of Rectum — 12 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1941, to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE H Lawrence Fahney (Degree or title) MD ADDRESS Frederick Md DATE SIGNED 8/1/1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial DATE THEREOF August 4, 1953 NAME OF CEMETERY OR CREMATORY Monocacy Cemetery LOCATION (City, town, or county) (State) Beallsville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 August 1953 REGISTRAR'S SIGNATURE Elizabeth G. Herb.
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MYERSVILLE X
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Frederick~~ Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Myersville

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) BUTCHER
4. DATE OF DEATH (Month) AUG. (Day) 21, (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH Oct 3-1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMHAND
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Butcher
14. MOTHER'S MAIDEN NAME Catherine Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 217-32-7361
17. INFORMANT AND ADDRESS Paul F. Bittle Myersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	Minutes
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Irvine, M.D., 620 Lee Place, Frederick, Md. 8-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 24-1953
NAME OF CEMETERY OR CREMATORY United Brethren
LOCATION (City, town, or county) Myersville Fred (State) Md
DATE REC'D BY LOCAL REG. 8-24-53
REGISTRAR'S SIGNATURE Flay M. Bittle
24. FUNERAL DIRECTOR Paul F. Bittle ADDRESS Myersville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-54

RECEIVED
AUG 25 1903
BUREAU V. S.

Item 18 Film G157 9-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Doubs
LENGTH OF STAY (in this place) 44 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) FRANKLIN (Last) CAREY

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 13, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: B.O. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Carey

14. MOTHER'S MAIDEN NAME: Mary Specht

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. William Hickman, Doubs, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4210

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c) Inanition, senile

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from — , 19 , to — , 19 , that I last saw the deceased alive on Aug. 20, 19 53, and that death occurred at 11.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Irvine, M.D., 620 Lee Place, Frederick, Md. 8-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF August 23, 1953 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 August 1953 | REGISTRAR'S SIGNATURE Elizabeth G. Heath

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. 1 T

RECEIVED
AUG 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence 122 N. Fourth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 122 N. Fourth Avenue

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) WILLIAM (Last) COOK

4. DATE OF DEATH: (Month) Aug. (Day) 21, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Sept. 26, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 10 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lime Burner
10b. KIND OF BUSINESS OR INDUSTRY: Lime Kiln
11. BIRTHPLACE (State or foreign country): Jefferson County, W. Va. 45
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Cook
14. MOTHER'S MAIDEN NAME: Emma Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: J.W.Boyer 122 N. Fourth Ave., Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

DUE TO

Antecedent cause(s) (b) —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1952 to 8/21, 1953 that I last saw the deceased alive on 8/18, 1953 and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Brunswick Md DATE SIGNED 8/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 8/21/53
NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
LOCATION (City, town, or county) (State) Sharpesburg, Maryland

DATE REC'D BY LOCAL REG. 8-21-53
REGISTRAR'S SIGNATURE Eugenia W. Burke
24. FUNERAL DIRECTOR J. Donald Eackles ADDRESS Bolivar, West Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5-8-51

RECEIVED
AUG 20
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick // LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick //
STREET ADDRESS (If rural, give location): 286 Dill Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAISY	ALVIDA	CROTHERS	August	4	1953

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 11, 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry C. Burger	Mary A. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. John W. Will, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1948, to Aug. 4, 1953, that I last saw the deceased alive on Aug. 3, 1953, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 7, 1953	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5 August 1953	Elizabeth L. Hecht	C. E. Cline & Son, Frederick, Maryland

VS-A15

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 11
LENGTH OF STAY (in this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue - Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Fredk.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 11
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) (Last) Damuth

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~DIVORCED,~~ (Specify) Single

8. DATE OF BIRTH: May 17 1874

9. AGE Last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Help around the Home

11. BIRTHPLACE (State or foreign country) Fredk Co Md

12. CITIZEN OF WHAT COUNTRY? U.S A

13. FATHER'S NAME: George A. Damuth

14. MOTHER'S MAIDEN NAME: Sarah William

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2 yrs.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE H. H. Klein (Degree or title) M. D. ADDRESS Thurmont Md DATE SIGNED Aug 3 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 4-1953

NAME OF CEMETERY OR CREMATORY United Bretherd Cem.

LOCATION (City, town, or county) Thurmont Fredk (State) Md

DATE REC'D BY LOCAL REGISTRAR 3 August 1953

REGISTRAR'S SIGNATURE Elizabeth S. Resh.

24. FUNERAL DIRECTOR M. L. Creager & Son Thurmont Md. ADDRESS

RECEIVED
AUG 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Frederick X
LENGTH OF STAY (in this place) About 6 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limit, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Frederick X
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) J. (Last) DAVIS

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: February 28, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert White

14. MOTHER'S MAIDEN NAME: Laura ? White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. William B. Davis, R. F.D. 3, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Angania DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis DUE TO diabetes (c)

Interval Between Onset And Death: 6 days; 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1953, to Aug. 30, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. D. Thomas M D ADDRESS Frederick, Md DATE SIGNED Aug. 31-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Sept. 2, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 1 September 1953

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
SEP 4 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 338½ Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) BEST (Last) DEAN
4. DATE OF DEATH: (Month) August (Day) 30, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: July 7,1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Best
14. MOTHER'S MAIDEN NAME: Elizabeth Haller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hugh R. Dean, 342 Park Avenue, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death 20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,1922 to Aug 30, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/31/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept.1,1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 31 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack.
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-1

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 31 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 31 East Second Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) CLAYTON (Last) DIXON

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Feb. 14, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas O. Dixon

14. MOTHER'S MAIDEN NAME: Julia Hiteshew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. T. Clayton Dixon, 31 East Second Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .. DUE TO (c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Aug. 12, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard Thomas M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 8/13/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 14, 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 13 August 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Hesla

24. FUNERAL DIRECTOR: M.R. Etchison & Son, Frederick, Maryland — ADDRESS

RECEIVED
AUG 14 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 400 Rockwell Terrace

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EZRA (Last) DOLL

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: Sept. 19, 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retail Jeweler
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis H. Doll
14. MOTHER'S MAIDEN NAME: Annie Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-30-9408
17. INFORMANT & ADDRESS: Mrs. Arthur V. Myers, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Arteriosclerotic Heart Disease

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Arteriosclerosis.

Interval Between Onset And Death: Symptoms 1 Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug. 7, 1953, that I last saw the deceased alive on Aug 7, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre, M.D. ADDRESS Frederick Md. DATE SIGNED 8/8/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 10, 1953
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 8 August 1953
REGISTRAR'S SIGNATURE Elizabeth S. Hack
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 11
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~, OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural X
LENGTH OF STAY (in this place) 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue, Co. Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~, OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural X
STREET ADDRESS (If rural give location) Montevue R-05

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EUNICE (Last) DUNN

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: April 30, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Goff

14. MOTHER'S MAIDEN NAME: Weise

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frederick, Maryland Mrs. Virdia Dunn, 34 East South Street,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422,1 Chronic myocarditis — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to Aug 24, 1953, that I last saw the deceased alive on August 24, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE A.W. Klein (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/26/1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial DATE THEREOF August 28, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 August 1953 REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. T

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium | LENGTH OF STAY (in this place) 5 mos.19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VICTOR CULLEN STATE HOSPITAL State Sanatorium, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 24- 00 21-4
STREET ADDRESS (If rural, give location) 1305 Elrino Way

3. NAME OF DECEASED (Type or Print): (First) WALLACE (Middle) MACK (Last) ENGLISH
4. DATE OF DEATH: (Month) 8/ (Day) 26/ (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9/8/1897
9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Office
11. BIRTHPLACE (State or foreign country): South Carolina.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William M. English
14. MOTHER'S MAIDEN NAME: Alice Smith
1305 Elrino Way

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: 250-16-9725
17. INFORMANT AND ADDRESS: Wallace Mack English, Balto.,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — 1 yr.5 mos

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/ , 1953., to 8/26/ , 1953, that I last saw the deceased alive on 8/26/53, 19 , and that death occurred at 6. p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward P. Ritchings, M.D. ADDRESS State Sanatorium, Maryland. DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF | NAME OF CEMETERY OR CREMATORY University of Md. Anatomical Society | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/27/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Baltimore, Md. ADDRESS

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LADIESBURG X
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LADIESBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GLOVA (Middle) MAY (Last) EYLER

4. DATE OF DEATH: (Month) AUG. (Day) 2 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 3, 1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EMORY FRANKLIN STITELEY

14. MOTHER'S MAIDEN NAME: EMMA ROBERTA KEENEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No. 217-18-8740

17. INFORMANT AND ADDRESS: Mrs. Audrey Boosey LeGore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 5 HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC HEART DISEASE — 5 YRS.

(c) DIABETES MELLITUS — YRS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an ~~Autopsy~~ Inspection [ ], ~~Inquiry~~ [ ] thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

(Robert) J. Jurie, M.D. 620 Lee Place, Frederick Md. 8-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 5-53 — NAME OF CEMETERY OR CREMATORY: Rocky Hill — LOCATION (City, town, or county) (State): Near Woodsboro Md

DATE REC'D BY LOCAL REG.: Aug 4-53 — REGISTRAR'S SIGNATURE: L L Powell

24. FUNERAL DIRECTOR ADDRESS: Powell & Hartzler Woodsboro Md

RECEIVED
53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) WALKERSVILLE X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 71

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) WALKERSVILLE
STREET ADDRESS (If rural, give location) ROUTE 71

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) MARSHALL (Last) HOFFMAN

4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH SEPT 2 1902

9. AGE last birthday 50 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY EMPLOYED

11. BIRTHPLACE (State or foreign country) PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES HOFFMAN

14. MOTHER'S MAIDEN NAME ANNIE BISHOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-30-5632

17. INFORMANT AND ADDRESS MRS. JOAN HOFFMAN, WALKERSVILLE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GUNSHOT (22 cal.) WOUND OF HEAD — INTERVAL BETWEEN ONSET AND DEATH: MINS.

976x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME (CITY OR TOWN) WALKERSVILLE, (COUNTY) FREDERICK, (STATE) MD.

TIME OF INJURY (Month) AUG. (Day) 1 (Year) 1953 (Hour) 8:00 pm

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? SELF-INFLICTED GUNSHOT WOUND OF HEAD

22. *I certify that I took charge of the remains described above, held an ~~Autopsy~~ ☐, Inspection ☒, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert J. Tune, M.D. ADDRESS 620 Lee Place, Frederick, Md. DATE SIGNED 8-1-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL DATE THEREOF AUG. 5 1953 NAME OF CEMETERY OR ~~CREMATORY~~ ROCKY HILL LOCATION (City, town, or county) Nr. Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 4 August 1953 REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR G.C. BARTON, WALKERSVILLE, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODSBORO
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EN ROUTE FRED. MEM. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODSBORO
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) JOSEPH (Last) HOFFMAN
4. DATE OF DEATH: (Month) AUG. (Day) 5, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 21, 1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: tenant
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Hoffman
14. MOTHER'S MAIDEN NAME: Annie Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 210-12-8244
17. INFORMANT AND ADDRESS: Marion D Hoffman, Woodsboro, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
974X Immediate cause	(a) GUNSHOT WOUND OF HEAD	30 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FRACTURED SKULL	"
	(c) LACERATED BRAIN	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HOME
(CITY OR TOWN) (COUNTY) (STATE): WOODSBORO - FREDERICK - MD
TIME OF INJURY (Month) (Day) (Year) (Hour): 8-5-1953 8 45 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? SELF-INFLICTED GUN-SHOT WOUND

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE: Robert J. Durie (Degree or title) M.D. ADDRESS: 620 Lee Place, Frederick, Md. DATE SIGNED: 8-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 8-1953
NAME OF CEMETERY OR CREMATORY: Haugha Cem.
LOCATION (City, town, or county) (State): Frederick Co. Md

DATE REC'D BY LOCAL REG.: 8/8/53
REGISTRAR'S SIGNATURE: L E Powell
24. FUNERAL DIRECTOR ADDRESS: Powell & Hartsler Woodsboro Md

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ NEAR FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RTE 40 EAST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN BUCKEYSTOWN X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) NELSON (Last) KELLER
4. DATE OF DEATH (Month) AUG. (Day) 24, (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Single
8. DATE OF BIRTH AUG. 4, 1928
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY A. & P. Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harvey N. Keller
14. MOTHER'S MAIDEN NAME Halga Neil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO. 212-24-3275
17. INFORMANT AND ADDRESS Mr. Harvey N. Keller, Buckeystown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
X Immediate cause	(a) BROKEN NECK - FRACTURED SKULL	INST.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FRACTURES RT. ARM, RT HIP, RT FEMUR	INST.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY (CITY OR TOWN) RTE 40 EAST, (COUNTY) NEAR FREDERICK, (STATE) FRED., MD.
TIME OF INJURY (Month) AUG. (Day) 24, (Year) 1953 (Hour) 12 30 am
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? HEAD-ON COLLISION, AUTOMOBILE + TRUCK

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Irvine, M.D. (Degree or title) ADDRESS 620 Lee Place, Frederick, Md. DATE SIGNED 8-24-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Aug. 27, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 24 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

1

T

RECEIVED
AUG 25 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium — LENGTH OF STAY (in this place): Since 6/5/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 311 Curtis Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T. (Last) King
4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/27/1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. King
14. MOTHER'S MAIDEN NAME: Anna Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 2nd W.W.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Gertrude King, 311 Curtis Ave., Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1 Yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1953, to 8/6, 1953, that I last saw the deceased alive on 8/6, 1953, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE: I G Lyon, M-D. (Degree or title) — ADDRESS: State Sanatorium, Md. — DATE SIGNED: 8/6/53

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: Aug 9 - 1953 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county): Elkton (State): Md

DATE REC'D BY LOCAL REG.: 8/6/53 — REGISTRAR'S SIGNATURE: I G Lyon
24. FUNERAL DIRECTOR: H. W. Peppin & Son — ADDRESS: Elkton, Md

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Anthony's X
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Anthony's A
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Thomas (Last) Lingg

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 12 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mason

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Lingg

14. MOTHER'S MAIDEN NAME: Marjorie OToole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY No.: 216-03-7598

17. INFORMANT & ADDRESS: Mrs Sophia Wetzell Lingg Thurmont RD MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) DUE TO Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteria sclerosis.

(c)

Interval Between Onset And Death: 22 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1953, to Aug 24, 1953, that I last saw the deceased alive on Aug 23, 1953 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles R Williams MD Emmitsburg, Md Aug 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 27 1953 NAME OF CEMETERY OR CREMATORY St Anthony's LOCATION (City, town, or county) St. Anthony's (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 26/1953 REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son Thurmont Md.

RECEIVED
SEP 1 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY: Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
LENGTH OF STAY (In this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 West Potomac St

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location): 230 West Potomac St

3. NAME OF DECEASED (Type or Print): Charles (First) Thomas (Middle) Mills (Last)

4. DATE OF DEATH: Aug. (Month) 28 (Day) 1953 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Married~~
8. DATE OF BIRTH: May 10-1867
9. AGE last birthday: 86 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B&O. R.R.Co
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mills
14. MOTHER'S MAIDEN NAME: Lucinda Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 4 (If yes, give war or dates of service): 200
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Cecilia Thomas Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 —, 1953, to 8-28-, 1953, that I last saw the deceased alive on 8-28, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Brunswick, Md DATE SIGNED: 8-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-31-53
NAME OF CEMETERY OR CREMATORY: St. Lukes
LOCATION (City, town, or county) (State): Brunswick Md

DATE REC'D BY LOCAL REG.: August 28-53
REGISTRAR'S SIGNATURE: Kathryn H. Brown
24. FUNERAL DIRECTOR: C. H. Feeler & Bro Brunswick Md. ADDRESS

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural-Sabillasville
MARYLAND LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sabillasville -rural X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) BRICIE (Middle) MAY (Last) MOSER

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 29 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Bendersville Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Graves

14. MOTHER'S MAIDEN NAME: Catherine Yonkman

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: William H. Moser Lantz Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Hemorhage — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis and Hypertension — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19 ..., 1953, to Aug 19, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE Robert T. Gray (Degree or title) M.D. ADDRESS Thurmont Md. DATE SIGNED Aug 20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 22 1953

NAME OF CEMETERY OR CREMATORY: Germantown Church of God

LOCATION (City, town, or county) (State): Cascade Md

DATE REC'D BY LOCAL REGISTRAR: 8/22/53

REGISTRAR'S SIGNATURE: J. B. Lynn

24. FUNERAL DIRECTOR ADDRESS: M. L. Craeger & Son Thurmont Md

VS. A

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick -Rural X
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#3 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural X
STREET ADDRESS (If rural give location) R.F.D.#3

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) MARIA (Last) NEWMAN

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Dec. 15, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Micheal Newman

14. MOTHER'S MAIDEN NAME: Catherine Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Catherine Johnson, Frederick, R.F.D.#3, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease and

DUE TO

(c) Myocardial Insufficiency

Interval Between Onset And Death: 23 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1953, to Aug 27, 1953, that I last saw the deceased alive on Aug. 27, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 7 East Church Street, Frederick, Maryland 8/28/53

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF August 31, 1953

NAME OF CEMETERY OR CREMATORY John Harris Reformed Cem.

LOCATION (City, town, or county) (State) Wernersville, Penna.

DATE REC'D BY LOCAL REGISTRAR 28 August 1953

REGISTRAR'S SIGNATURE Elizabeth L. Hahn

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS.-A

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural give location) 20 So Delaware Ave

3. NAME OF DECEASED: (Type or Print) (First) M Wilbur (Middle) P (Last) Nicodemus

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH: 3/29/81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: B.O.R.R.Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Nicodemus
14. MOTHER'S MAIDEN NAME: Emma Zumbrun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 705-10-2638
17. INFORMANT & ADDRESS: Mrs Laura Nicodemus Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Acute Coronary Thrombosis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease
DUE TO

(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION: 7/28/53
19b. MAJOR FINDINGS OF OPERATION: Prostatic Hypertrophy
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) No
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1953, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Scarre M.D. ADDRESS Frederick Md DATE SIGNED 8/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/4/53
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) (State) Brunswick Md.

DATE REC'D BY LOCAL REGISTRAR 4 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. Hester & Bro ADDRESS Brunswick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

T

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place) Since 3/1951
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) CHINEY (Last) OFFORD

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: March 5,1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Offord

14. MOTHER'S MAIDEN NAME: Lucy Jason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. James G. Whiten, Adamstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) ..... Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Chronic nephritis DUE TO

(c)

Interval Between Onset And Death
(a) 2 yrs.
(b) 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,1952, to March, 1953, that I last saw the deceased alive on May, 1953 and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE H.T. Kline (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/15/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF August 17, 1953

NAME OF CEMETERY OR CREMATORY Hope Hill Cemetery

LOCATION (City, town, or county) (State) Hopeland, Maryland

DATE REC'D BY LOCAL REGISTRAR 16 August 1953

REGISTRAR'S SIGNATURE Elizabeth G. Hess

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 29 Hamilton Avenue

3. NAME OF DECEASED (Type or Print): (First) GIUSEPPE (JOE) (Middle) (Last) SANTANGELO

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: February 2, 1874

9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer & Vendor of ice cream

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Sicily

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calogero Santangelo

14. MOTHER'S MAIDEN NAME: Antonia ? Santangelo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-14-6148A

17. INFORMANT: Charles M. Santangelo, Griffith, Indiana

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Bronchopneumonia — week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 7 August, 1953, that I last saw the deceased alive on 7 August, 1953, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE James B. Thomas — (Degree or title) M.D. — ADDRESS Frederick, Maryland — DATE SIGNED 8/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE August 10, 1953 | NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 8 August 1953 | REGISTRAR'S SIGNATURE Elizabeth L. Heck. | 24. FUNERAL DIRECTOR — ADDRESS C. E. Cline & Son, Frederick, Maryland

RECEIVED
AUG 11 1953
BUREAU Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Denton (Middle) (Last) Sewell
4. DATE OF DEATH (Month) August (Day) 29 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 3-10-1887
9. AGE last birthday 66 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Sewell
14. MOTHER'S MAIDEN NAME Sally Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

332X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24, 1953 to 8-29, 1953 that I last saw the deceased alive on 8-27, 1953, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H Fleshes ADDRESS Frederick Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 31-53
NAME OF CEMETERY OR CREMATORY Simpsons Chapel Cem
LOCATION (City, town, or county) New Market (State) Md

DATE REC'D BY LOCAL REG. Aug 29-53
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. E. Falconer ADDRESS New Market Md

RECEIVED
4 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fredk. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 226 South Market St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Shook
4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Jun. 22, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11 BIRTHPLACE (State or foreign country): Lewistown. Fredk Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: William Shook
14. MOTHER'S MAIDEN NAME: Elizabeth Morningstar
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 217-10-9257
17. INFORMANT & ADDRESS: Mrs Mildred Shafer. 226 S. Market st. Fredk. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Posterior myocardial infarct	7 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	2 yrs
	DUE TO (c) Arteric Sclerosis	2 yrs.

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Aug. 8, 1953, that I last saw the deceased alive on Aug. 8, 1953, and that death occurred at 9-30 am from the causes and on the date stated above.

SIGNATURE W. Kline (Degree or title) M.D. ADDRESS Frederick Md DATE SIGNED Aug 9 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 12. 1953	Lewistown M.P.Com.	Lewistown. Fredk Co. MD.

DATE REC'D BY LOCAL REGISTRAR 10 August 1953 REGISTRAR'S SIGNATURE Elizabeth S. Fox

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son Thurmont. MD

VS. A

RECEIVED
AUG 12 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY FREDERICK; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md.; LENGTH OF STAY in this place 2 yrs. 7 mos. days; HOSPITAL OR INSTITUTION OR STREET ADDRESS VICTOR CULLEN STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick; STREET ADDRESS (If rural, give location) 9 McMurray St.,

3. NAME OF DECEASED (Type or Print): (First) Lillian; (Middle) ////////; (Last) STAUB

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ////////

8. DATE OF BIRTH: 7/27/1869

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John David Fox

14. MOTHER'S MAIDEN NAME: Jane Elizabeth Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs. 4 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/1951, 19....., to 8/10/53, 19....., that I last saw the deceased alive on 8/10/53, 19....., and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Lyon, M. D. ADDRESS State Sanatorium, Md. DATE SIGNED 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) // DATE THEREOF Aug 13-1953 NAME OF CEMETERY OR CREMATORY Mt. Zion LOCATION (City, town or county) Rocky Ridge (State) Md.

DATE REC'D BY LOCAL REG. 8/12/53 REGISTRAR'S SIGNATURE J. B. Lyon

24. FUNERAL DIRECTOR M. L. Cregger & Son ADDRESS Thurmont

RECEIVED
AUG 13 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. LENGTH OF STAY (In this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VICTOR CULLEN STATE HOSPITAL STATE SANATORIUM. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3105 E. Preston Street.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) L. (Last) Tolzmann
4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12/4/1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Charge of ice box cooler, meats.
10b. KIND OF BUSINESS OR INDUSTRY MEATS.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Tolzmann
14. MOTHER'S MAIDEN NAME Clara A. Mauer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Walter L. Tolzmann 3105 E. Preston St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
OC2X Immediate cause	(a) Tuberculous meningitis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	1 yr. 2 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11/53 19.., to 8/25/, 1953, that I last saw the deceased alive on 8/25/53, 19....., and that death occurred at 9.15p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward P. Ritchings, M.D. ADDRESS State Sanatorium, Maryland. DATE SIGNED 8/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug. 29, 1953 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) (State) Taylor Ave, Balto Md.

DATE REC'D BY LOCAL REG. 8/26/53 REGISTRAR'S SIGNATURE J. B. Lyon
24. FUNERAL DIRECTOR John C. Miller, Inc ADDRESS Balto., Md.

RECEIVED
AUG 28 1953
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Pleasant
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) VICTOR (Last) WASTLER
4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Sept. 11, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Filtration Plant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Wastler
14. MOTHER'S MAIDEN NAME: Sarah Alice Palmer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Charles W. Wastler, Mt. Pleasant, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Cerebral Hemorrhage DUE TO	6 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Acute fulminary edema DUE TO	2 hrs
	(c) Arteriosclerotic Heart disease	5 yrs +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1953, to Aug 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE B. C. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/24/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF August 26, 1953
NAME OF CEMETERY OR CREMATORY Pleasant Hill
LOCATION (City, town, or county) (State) Yellow Springs
DATE REC'D BY LOCAL REGISTRAR 24 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Fech
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

RECEIVED
AUG 25
BUREAU V. S.

Item 18 Film G157 8-14-53 ams

08074

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK 11
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BRUNSWICK 30
STREET ADDRESS (If rural, give location) 401 W. POTOMAC ST.

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) M (Last) WATSON
4. DATE OF DEATH (Month) AUG. (Day) 2 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH 3/25/83
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) W. VIRGINIA 45
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME GEORGE W. MOELLER
14. MOTHER'S MAIDEN NAME HENRIETTA HARWOOD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

951.7 Immediate cause (a) ~~Pending completion of autopsy~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anaphylactic shock ~~Findings~~ due to

(c) Penicillin sensitization

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Turie, (Degree or title) M.D. ADDRESS 620 Lee Place, Frederick, Md DATE SIGNED 8-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1953
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) Petersville (State) Maryland

DATE REC'D BY LOCAL REG. 4 August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. N. Feeter & Bro ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-54

RECEIVED
AUG 6 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08125

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick X
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick X
STREET ADDRESS (If rural, give location): R.F.D. 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OTIS	C.	WHITMORE	August	1	1953

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	January 20, 1885	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William N. Whitmore	Cecelia Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Otis Whitmore, R.F.D.3, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422. Immediate cause	(a) Coronary atherosclerosis + myocardial dilatation	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15 Jan, 1953, to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 8:45 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
James C. Stam M.D.	Walkersville, Md	3 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 4, 1953	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4 August 1953	Elizabeth G. Heck	C. E. Cline & Son	Frederick, Maryland

RECEIVED
AUG 6 1953
BUREAU V. S.